

Encounter Addendum Notes



WORK STATUS REPORT

Date Generated: 12-19-2016 11:47:51

NAME: Last: LEON First: VICTORIA Date of Exam: 12-19-2016 Case #: 083161915
 Occupation: SORTER DOB: 07-28-1980 DOI: 06-25-2014 09:00 Claim #:
 Employer: WASTE Contact: LAURA BARNETT Tel.: (510)566-2784 Fax: (855)280-1567
 MANAGEMENT/ALAMEDA COUNTY
 Claims Administrator: GALLAGHER BASSETT Tel.: (866)456-8402 Fax:

DIAGNOSES

Bilateral sacroiliitis (M46.1)

TREATMENT

Diagnostic Tests: Radiology: Radiology tests were ordered. All radiology studies sent to Radiologist for review and confirmation.

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

Medications:

WORK STATUS

This is not a first aid claim. Patient is advised to return to work without restrictions. Expected Maximum Medical Improvement (MMI) date 12-19-2016.

Work Restrictions:

Discussed case with Laura Barnett.

DISCHARGE STATUS (If applicable)

☒ NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

TREATING PROVIDER

Name: Katherine P., Uphoff, P.A.

Lic. #: PA20734

Signature (Original)

Specialty: Occupational Medicine

Date of Exam: 12-19-2016

NEXT APPOINTMENT

Next Appointment with on .

Executed at: US HealthWorks 13939 East 14th Street, San Leandro CA 94578 - 2613 Ph: 510 343-8300